

Instructions for Alaska Fisheries Business Monthly Payment and Report

Form 04-568

General Information

This form is for use by fisheries businesses electing a monthly payment option under AS 43.75.055(c). The monthly payment option requires \$100,000 in equity in real property located in Alaska, or a bond, certificate of deposit or letter of credit in the amount of \$50,000.

Due Date

This report must be filed and the taxes paid no later than the 15th day of the month following the month of taxable activity. If the report and/or applicable taxes are not submitted by the due date, your license is subject to immediate suspension and you will no longer be allowed to use the monthly payment option.

Month and Year

Indicate the month and year you had taxable activity (i.e. purchased, processed and/or exported fisheries resources).

Fisheries Business Tax

Record pounds and values under the applicable category (i.e. salmon cannery, shore based and floating) and sub-category (i.e. non-canned salmon, established and developing species). Multiply total value amounts by the tax rate listed. Total all fishery values in box 1A. Total all fisheries business taxes in box 1B.

ASMI Seafood Marketing Assessment

Calculate the ASMI tax on line 2 by multiplying box 1A by .5% (005).

Salmon Enhancement Tax

To ensure that your salmon enhancement tax (SET) is shared with the appropriate aquaculture region, if you purchased salmon you must complete a separate Salmon Enhancement Tax Monthly Return (Form 04-566) and attach the signed return to this report. Record the total tax due from line 16 of your SET Return on line 3 of this report.

Dive Fishery Management Assessment

Calculate any dive tax due on line 4 by multiplying the applicable rate (7% for geoduck, 5% for sea cucumbers, 7% for sea urchins) times the value of the dive fishery resource acquired from a dive gear permit holder that harvested the resource from Southeast Management Area A. **Please note:** Quarterly dive returns are still required and the taxes reported therein should reconcile to the payments made with your monthly reports.

Total Payment

Calculate the monthly payment amount on line 5 by totaling lines 1B, 2, 3 and 4.

Additional Forms or Questions

Questions or requests for additional forms can be directed to: 907.465.2371 or fax your request to

907.465.3566. You may also email us at: fish_excise@revenue.state.ak.us or go directly to our Web page and download the forms by clicking on the Forms link at: www.tax.state.ak.us.

Payments

If your total tax payment exceeds \$100,000, you must use the Department's online payment system or wire transfer the funds.

Online Payment

The Department offers online electronic funds transfer through the Tax Online Payment System (TOPS). TOPS is an ACH (Automated Clearing House) Debit system. Some companies have a Debit Block on their bank accounts. If your bank account has an ACH Debit Blocker, the TOPS payment will be rejected by your bank unless the State of Alaska ACH Identification number is registered with your bank for ACH Debit processing. The State of Alaska ACH Identification Number is 902050.

When using TOPS, **you must make separate payments in the amounts reported for each tax type on lines 1B, 2, 3 and 4.** For more information about TOPS, contact the Department of Revenue at 907.465.3776 or go to our website at:

<https://www.tax.state.ak.us/TOPS/>

Wire Transfer Payments

Notify the State of Alaska, Treasury Division by facsimile at 907.465.4019 regarding the transfer the day before the wire transfer is to be made. **Indicate the total amount being wired as well as the separate amounts calculated by tax type.** Provide a contact number in advance to the Treasury Division if confirmation is desired. Wire your payments to:

State Street Bank & Trust Co. Boston, MA
ABA #011000028
For Credit to the State of Alaska
General Investment Fund, AY01
Account #00657189
Attn: Kim Chan, Public Funds

Contact the Treasury Division at the following address if additional information is required:

Cash Manager & Investment Officer
Alaska Department of Revenue
Treasury Division
P.O. Box 110406
Juneau, AK 98111-0409
Telephone 907.465.2360

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Remit Payment To:
 Department of Revenue
 Tax Division
 P.O. Box 110420
 Juneau, AK 99811-0420
 Phone: 907.465.2371
 Fax: 907.465.3566

This form is available online at www.tax.state.ak.us

Month	Year
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For use by fisheries businesses electing a monthly payment option under AS 43.75.055

Due: 15th day of the month following month of activity.

Individual or Corporation Name			Federal EIN or SSN		Fisheries Business License Number	
Mailing Address			Facility Location or Vessel Name			
City	State	Zip Code	Telephone Number		Fax Number	
E-mail Address			Contact Person			Title

	Pounds	Value	Rate	Fisheries Business Tax
SALMON CANNERY			4.5%	\$

SHORE BASED

Salmon			3%	\$
Other Species - Established			3%	\$
Other Species - Developing			1%	\$

FLOATING

Salmon			5%	\$
Other Species - Established			5%	\$
Other Species - Developing			3%	\$

1. Totals.....	A		B	
2. ASMI Seafood Marketing Assessment (multiply box A X .005).....				\$
3. Salmon Enhancement Tax from line 16 of Form 04-566 (attach form).....				\$
4. Dive Fishery Management Assessment (see instructions).....				\$
5. Total monthly payment due (add lines 1B, 2, 3 and 4).....				\$

Note: If liability exceeds \$100,000, you must use the Tax OnLine Payment System (TOPS) or wire transfer funds.

Check if remitting by: ☐ TOPS -Confirmation No.'s for: FBT _____ ASMI _____
☐ Wire Transfer/Wire Date _____ SET _____ DIVE _____
 To avoid wire transfer fees, use the Tax OnLine Payment System (TOPS), at <https://www.tax.state.ak.us/tops/> or call for information.

I declare under penalty of unsworn falsification that the information provided in this return has been reviewed by me, and to the best of my knowledge and belief is true, correct, and complete. I understand that the failure to pay all amounts required under AS 43.75.055(c) may result in the suspension of this fisheries business license and termination of security under this monthly payment option.

Signature of Taxpayer or Authorized Officer	Type or Print Name	Date
DEPT. USE ONLY PMD:		VALIDATION